Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a

1 THE THE PROPERTY OF THE DETERMINATION RECORD										Accidence a valid OMB control number		
Substitute for Form PTO-875										Application for Docket Number		
										-1-/-	V 1 60	1.7.19
CLAIMS AS FILED - PART I									# #	/ _{OTH}	ER THAN	
(Column 1) (Column 2)							_	SMALL	ENTITY	OR ■-	SMAL	L ENTITY
FOR NUMBER FILED NUMBER EXTRA						1	RATE	. FEE	1 .	RATE		
	(37 CFR 1.16(a))						7			٦ .	TOUE	FEE
	TAL CLAIMS CFR 1.16(c))						\dashv		 -	- OR	ļ	
	DEPENDENT CL	AIMS .		minus	20 =	<u> </u>	4	X 1=	·	OR	X s=	
(37 CFR 1.16(b))				minus	3 =	<u> </u>		X \$ ≈		OR	X S =	·
MC	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								 	┤ ँ``		
									 	OR:	· + \$=	<u> </u>
- 11	* If the difference in column 1 is less than zero, enter "0" in column 2.									OR	TOTAL	1
	(CLAIMS	S AS AM	ENDE	D – PART II					_		<u> </u>
1	1 1										•	
4	3-06		umn 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR	_	R THAN
AMENDMENT			JAIMS VAINING		HIGHEST NUMBER	PRESENT	7 1			1	SMALL	ENTITY
		A	FTER	1	PREVIOUSLY		П	RATE	ADOI- TIONAL	1	RATE	ADDI-
	Total	·	YOMENT	Minus	PAID FOR		┨ ┠		FEE			TIONAL FEE
	(37 CFR 1,16(c))	ب_	<u> </u>		35			X \$ =		OR	x s =	1
	(37 CFR 1.16(b))]_/.	2	Minus	12	=	П	X \$ =		-		
¥	FIRST PRESEN	TATION O	F MULTIPLE	E DEPENC	DENT CLAIM (37 C	CD 1 16/40	1			OR	X S=	- ' -
					(37.0	-1.10(0))	l L	+\$=		OR	+ 5=	
								TOTAL ADD'L FEE	1	OR	TOTAL ADD'L FEE	
		(Colu	rin 1)		(Column 2)	(Column 3)						L-#
AMENDMENT		CU	AIMS AINING		HIGHEST	1	ſſ		 _			
		AF	TER [. •	PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI-
	Total	AMEN	DMENT	Minus	PAID FOR	= .			FEE			TIONAL FEE
	(37 CFR 1.16(c))	•						x s=	· 1	OR	X \$ =.	
	Independent (37 CFR 1.16(b))			Minus	•••	=		X \$ - =				
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR) 18(6))							<u> </u>		OR	X \$=	
	·			22, 6,100	EIT COAM (37 CI	n i 10(C);		+ 5 =		OR	+ 5=	
								TOTAL ADO'L FEE	1	OR	TOTAL ADD'L FEE	
		(Colur	กก 1)		(Column 2)	(Column 3)					1	
/ENT		CLA			· HIGHEST		Г			1		
		REMA AFT			NUMBER PREVIOUSLY	PRESENT EXTRA	-	RATE	ADDI:		RATE	ADDI-
	Total ·	AMENO	DMENT		PAID FOR		L		TÆDNAL FEE		"	TIONAL FEE
힑	(37 CFR 1,16(cf)			Minus		=	×	s_ =			· .	
<u> </u>	Independent (37 CFR 1 (6(6))	•	• 🕇	Minus	***	=				OR	× s =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))							<u> </u>	·	OR	× s =	
	- WOLFRESUNIA	KLION OI:	MULTIPLE :	DEPENDE	NT CLAIM (37 CF)	R 1 16(d))	_	· \$ =		OR	+ s_ =	
							Δ	OTAL OO'L FEE		~ ,L	TOTAL	
•	If the entry in co	dumn Lis	less than	the entry	in column 2, write	: "O" in column 3		_		OR	ADO'L FEE	
•••	If the Thighest N	lumber Pi	reviously P	aid For I	IN THIS SPACE I	s less than 20, e	nter	20				- 1

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column t

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.